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CONFIRMATION NO. 5613

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|------------------------------------|---|---------------------|-------------------------------|---|
| <b>SERIAL NUMBER</b><br>08/573,519 | <b>FILING OR 371(c) DATE</b><br>12/15/1995<br><b>RULE</b> | <b>CLASS</b><br>345 | <b>GROUP ART UNIT</b><br>2628 | <b>ATTORNEY DOCKET NO.</b><br>00862.001336. |
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**APPLICANTS**

HIDEO TAKIGUCHI, KAWASAKI-SHI, JAPAN;  
 AKIRA SUGA, TOKYO, JAPAN;

**\*\* CONTINUING DATA \*\*\*\*\*****\*\* FOREIGN APPLICATIONS \*\*\*\*\***

JAPAN 6-313704 12/16/1994

JAPAN 7-064310 03/23/1995

JAPAN 7-064311 03/23/1995

|  |                                  |                              |                            |                                 |
|--|----------------------------------|------------------------------|----------------------------|---------------------------------|
| Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no   | <b>STATE OR COUNTRY</b><br>JAPAN | <b>SHEETS DRAWING</b><br>100 | <b>TOTAL CLAIMS</b><br>124 | <b>INDEPENDENT CLAIMS</b><br>22 |
| 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                                  |                              |                            |                                 |
| Verified and Acknowledged <i>[Signature]</i><br>Examiner's Signature Initials  |                                  |                              |                            |                                 |

**ADDRESS**

5514

**TITLE**

INTUITIVE HIERARCHICAL DATA DISPLAY METHOD AND SYSTEM

|                                    |   |   |
|------------------------------------|---|---|
| <b>FILING FEE RECEIVED</b><br>6820 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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